



Business / Source Closure Notification

3104 E. Augusta, Spokane, WA 99207-5384 / www.SpokaneCleanAir.org / 509-477-4727 / fax 509-477-6828

Complete and sign this form and return it to Spokane Clean Air within 90 days after equipment or operations, producing air contaminant emissions, permanently cease (WAC 173-400-101(5) and SRCAA Regulation I, Article IV). Failure to notify Spokane Clean Air of a source closure within 90 days may result in the issuance of a Notice of Violation, which may be followed by the assessment of a civil penalty.

Facility Information

Source/Facility Physical Address: _____
Date Operations Ceased: _____
LCB (cannabis) License Number, if applicable: _____

Owner/Business Information

Owner Name: _____
Legal Business Name: _____
Doing Business As (dba): _____
Mailing Address: _____
Phone Number: _____
Email: _____

Description of Equipment or Process

Explain what operations ceased: _____

Explain any equipment that was removed from site or made permanently inoperable and how: _____

Responsible Agent Signature

- I understand that prior to operating a source that produces air emissions at the location above or anywhere within Spokane County requires that I:
 - a) Apply for and receive an approved Notice of Construction (NOC) from SRCAA prior to installation and operation, if applicable; or
 - b) If a NOC is not required, submit registration information and fees prior to starting operations.
- I understand that all SRCAA Approval Orders and exemptions will be voided upon submittal of this form.
- I declare, under penalty of perjury under the laws of the state of Washington, that the information provided above is true and accurate.

Print Name: _____

Title: _____

Signature: _____

Date: _____